

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90038 003 \*\*\*\*50.00

**DOCUMENT # L93000000437**

1. Entity Name

SHELTER HARBOR REALTY, L.C.



Principal Place of Business

400 NORTH TAMPA STREET, SUITE 2300  
TAMPA FL 33602

Mailing Address

400 NORTH TAMPA STREET, SUITE 2300  
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3272470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYNOLDS, STEPHEN H ESQ  
400 N. TAMPA ST., SUITE 2300  
TAMPA FL 33602

Name Finn M.W. Caspersen

Street Address (P.O. Box Number is Not Acceptable)

11450 SE Dixie Hwy

City Hobe Sound

FL

Zip Code  
33455

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Finn M.W. Caspersen, MGR

4-9-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME CASPERSEN, FINN M W  
STREET ADDRESS 268 MAIN ST  
CITY-ST-ZIP GLADSTONE NJ 07934

TITLE MGR ☒ Change ☐ Addition  
NAME Caspersen, Finn M.W.  
STREET ADDRESS 11450 SE Dixie Hwy  
CITY-ST-ZIP Hobe Sound, FL 33455

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Finn M.W. Caspersen, MGR 908.719.6594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #